2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000021424

1. Entity Name VSG CORP.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90144 040 ***150.00

Principal Place of Business Mailing Address 320 HANNIBAL SQUARE EAST 320 HANNIBAL SQUARE EAST WITER PARK FL 32789 WITER PARK FL 32789 2. Principal Place of Business 3. Mailing Address LUKE WUSHINGTON 122 ALOMA 2615 Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number 59-3703530 Flontu Melbourne WINTER Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2.742 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DYER, DAVID W Street Address (P.O. Box Number is Not Acceptable) 325 FIFTH AVENUE SUITE 205 INDIALANTIC FL 32903 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ■ Addition TITLE ☐ Delete Change 1 VON SCHMELING, SERGIO NAME NAME 320 HANNIBAL SQUARE EAST 2175 HIOMA AUC STREET ADDRESS STREET ADDRESS WITER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP winter punk, Addition ☐ Delete TITLE Change TITLE GIRARD, DOUGLAS NAME NAME STREET ADDRESS 320 HANNIBAL SQUARE EAST STREET ADDRESS 2175 KIOMA AUL WITER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PURK. STD Delete TITLE TITLE Change Addition GIRARD, MARGUERITE NAME NAME 2175-1410MA-AUL STREET ADDRESS 320 HANNIBAL SQUARE EAST STREET ADDRESS: WITER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PANK TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this poor tas required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with about the repowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRE

Seifio Von Schneling

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407 740 64 :

Daytime Phone #

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